

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047409

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 655

FILED JAN 2 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin</u>		c. CITY OR TOWN <u>Baxter Springs</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St John's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>238 E 15th</u>	
3. NAME OF DECEASED (Type or print) <u>Charles Harry Mc Cormick</u>		4. DATE OF DEATH Month <u>12</u> Day <u>17</u> Year <u>62</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 23 - 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired 15 yrs</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>grocerman</u>	11. BIRTHPLACE (City and state or country) <u>Proctorville Ohio</u>
13a. FATHER'S NAME <u>Sam Mc Cormick</u>		13b. MOTHER'S NAME <u>Angela Mc Cormick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>AB- mo nothing Mc Cormick</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u>	
DUE TO (b) <u>Arteriosclerosis</u>		Undetermined	
DUE TO (c) _____		_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Heart Disease, active</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from _____ to _____ and last saw him alive on _____		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>H. K. Werners</u> (Degree or title)		22b. ADDRESS <u>301 Medical Arts Bldg Joplin, Mo</u>	22c. DATE SIGNED <u>12-20-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12-19-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial</u>	23d. LOCATION (City, Town, or county) <u>Joplin mo</u>
24. FUNERAL DIRECTOR <u>J. Lane Wene</u>	ADDRESS <u>Baxter Spgs Kansas</u>	25. DATE RECD. BY LOCAL REG. <u>12/27/62</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

*Burial permit issued before burial
Pending also signature*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Wene Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Hance Wene

Licensed Embalmer No. 2880 mo

P. O. Address Bayton St. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.